

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH SPEED NETWORK INTERFACE WITH AUTOMATIC POWER MANAGEMENT WITH AUTO-NEGOTIATION

the specification of which

XX is attached hereto.
_____ was filed on _____ as Application No. _____
_____ and was amended on _____.
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a) which states in relevant part: "Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section....The duty to disclose all information known to be material to patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98."

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate as indicated below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			<u>Priority Claimed</u>	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes _____	No _____
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes _____	No _____

1 of 3

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), and under §119(e) of any United States provisional application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Patented, Pending, Abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Mark A. Haynes	-	Reg. No. 30,846
Ernest J. Beffel, Jr.	-	Reg. No. 43,489
Warren S. Wolfeld	-	Reg. No. 31,454
James F. Hann	-	Reg. No. 29,719
Bill Kennedy	-	Reg. No. 33,407



22470

PATENT TRADEMARK OFFICE

Address all correspondence to:

CUSTOMER NO. 22470

Mark A. Haynes
Haynes Beffel & Wolfeld LLP
P.O. Box 366
Half Moon Bay, CA 94019

Direct all telephone calls to Mark A. Haynes at (650) 712-0340.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of **first** joint
inventor, if any:

Nathan HENDERSON

Inventor's signature:

[Signature]

Date:

8/24/2001

208 3

03449-03449

Citizenship: U.S.A.
Residence: 1329 Prevost Street
San Jose, CA 95125
Post Office Address: Same as above.

Full name of **second** joint
inventor, if any:

Chi-Lie WANG

Inventor's signature:

Chi-Lie Wang
8/24/2001

Date:

Citizenship:

U.S.A.

Residence:

466 Ives Terrace

Sunnyvale, CA 94087

Post Office Address:

Same as above.

Full name of **third** joint
inventor, if any:

Baodong HU

Inventor's signature:

Baodong Hu
8/26/2001

Date:

Citizenship:

U.S.A.

Residence:

2277 Lynwood Terrace

Milpitas, CA 95035

Post Office Address:

Same as above.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SANTA CLARA } ss.

On August 24, 2001, before me, PATRICIA A. RYAN,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Nathan Henderson, Chi-Lie Wang, Baodong Hu,
Name(s) of Signer(s)

- ☐ personally known to me
☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their authorized capacity(ies), and that by ~~his~~/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Patricia A. Ryan
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Combined Declaration and Power of Attorney For Utility Patent Application

Document Date: _____ Number of Pages: 3

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here